STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

MONTHLY ELIGIBILITY REPORT

For Cash Aid and Food Stamps

THIS REPORT IS FOR THE MONTH OF

- Complete, sign, and return this report by the 5th of the month.
- If you do not send in a complete report including, but not limited to, answering all questions and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. Attach a separate sheet of paper if needed.
- You must report **within 5 days** any change that may affect your eligibility for or the amount of your cash aid.
- If you get food stamps, answer for everyone in your household. If you do not get food stamps, answer for everyone on cash aid, including children, parents, stepparents, your spouse, and anyone temporarily absent from the home.
- Facts you report may result in your benefits going up, down, or being stopped.

Need Help? Call your worker. Worker: Phone:

1 **Did anyone get money from a job or training program?** ☐ **YES** ☐ **NO**

- If "YES", complete below. Include tips, vacation pay or income in kind, such as earned housing. List gross amounts before deductions for each week in the month. **Attach paystubs or other proof of earnings.**
- **If self-employed:** **For Food Stamps:** List business costs on a separate sheet of paper and attach proof of income and costs. **For Cash Aid:** **Attach proof** of income. If you claim actual expenses, list business expenses on a separate sheet of paper and **attach proof** of expenses.

Who Got Income	Employer's Name (✔)						
		Gross Amount	$	$	$	$	$
		Actual Date Received					
	☐ Job ☐ Training	No. of Hours Worked					
Who Got Income	Employer's Name (✔)						
		Gross Amount	$	$	$	$	$
		Actual Date Received					
	☐ Job ☐ Training	No. of Hours Worked					

2 **If anyone above paid for care of a child, disabled person or other dependent while working, seeking work, or in training, list here and attach proof of payment.**

Name of Person Who Received Care	Cost	Name of Person Who Received Care	Cost
	$		$

3 **Did anyone receive money or benefits from any other source?** ☐ **YES** ☐ **NO**

Include: Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans, scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, workers compensation, state disability indemnity, veterans or railroad retirement, other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or anything else. If "YES", complete below. **Attach proof.**

Who Got Income	Source of Income						
		Gross Amount	$	$	$	$	$
		Date Received					
Who Got Income	Source of Income						
		Gross Amount	$	$	$	$	$
		Date Received					

4 **If anyone gets food stamps and paid court ordered child support this month, list the amount they paid. Report any changes in the court order. Attach proof. $**

5 **Is any member in the household avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole? If "YES", who:** ☐ **YES** ☐ **NO**

COUNTY USE ONLY E.W. INITIALS DATE:

6 **Has any member of the household been <u>convicted</u> of a drug-related felony for possession, use, or distribution of a controlled substance(s)? Give facts for crimes committed <u>after August 22, 1996</u>.** ☐ **YES** ☐ **NO**
If "YES", complete below:

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	DATE DRUG CRIME COMMITTED	DATE OF FELONY CONVICTION	CONVICTION WAS FOR (✔) ☐ POSSESSION ☐ USE ☐ DISTRIBUTION ☐ OTHER: *(EXPLAIN)*

7 **Did anyone move into or out of your home, or did you move in with someone else? Include: newborns; temporary absences; anyone who died, entered or left a hospital, etc. If "YES", complete below:** ☐ **YES** ☐ **NO**

FULL NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT CHANGED	DATE OF CHANGE

8 **Does anyone have anything else to report? Include expected changes. Attach proof, including any costs.** ☐ **YES** ☐ **NO**
If "YES", complete below:

- **Income**: Starts, changes or stops.
- **Job/ Training:** Start, stop, quit, refuse a job or training, a change in number of hours **or** go out on strike.
- **School-Ages 6 through 17:** **For Cash Aid Only:** Stop or start attending school regularly.
- **School-Age 16 or older**: Start or stop school or college. Costs for tuition, school transportation, etc.
- **Property**: Buy, sell, trade, give away, or get a motor vehicle, home, land, or trusts, etc. (personal or business)
- **Checking/ Savings**: Open/close a checking or savings account(s) or the balance is different at the end of the month.
- **Babies:** Become pregnant, have a baby, abort or miscarry.
- **Citizenship/ Immigration Status:** A citizenship or immigration status changes or anyone gets a new card, form or letter from the INS.
- **Marital:** Marry, divorce, or separate.
- **Disability:** Become disabled or recover from a disability/major illness.
- **Medical Costs:** **For Food Stamps Only:** Anyone who is disabled or age 60 or older **may report new** medical costs not being used to figure your current allotment.
- **Insurance:** Start, stop, or change life, dental or health insurance benefits including MEDICARE coverage.
- **IHSS:** Starts or stops In-Home Supportive Services.

NAME OF PERSON(S)	RELATIONSHIP TO YOU	EXPLAIN WHAT HAPPENED	DATE OF CHANGE

ADDRESS CHANGE

Fill in this section ONLY if you have moved or have a new mailing address.

NEW HOME ADDRESS (NUMBER, STREET NAME, AVENUE, BLVD., ETC.) APT. NO.	CITY	STATE	ZIP CODE	NEW PHONE NUMBER
				( )

DATE MOVED	NEW MAILING ADDRESS (IF DIFFERENT FROM HOME ADDRESS)	CITY	STATE	ZIP CODE

If you are getting Food Stamps you may be asked to provide proof of your new shelter costs. At the address you have listed are you paying rent? ☐ **YES** ☐ **NO**
If YES, amount of rent $_____. Paying utilities? ☐ YES ☐ NO If YES, amount of utilities $_____.

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And I may be charged with committing a felony if more than $400 in cash aid, food stamps, and/or Medi-Cal/State CMSP is wrongly paid out **<u>AND</u>** I may be given:

PENALTIES FOR CASH AID WELFARE FRAUD: If on purpose I do not follow cash aid rules, my cash aid can be lowered for a period of time and I may be fined up to $10,000 and/or sent to jail or prison for up to 3 years. My cash aid can be stopped:

- **For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third.**
- **For submitting one or more applications to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, or forever for the third.**
- **For conviction of felony fraud to get aid: 2 years for theft of amounts under $2,000; 5 years for amounts of $2,000 through $4,999.99; and forever for amounts of $5,000 or more.**
- **Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than $10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.**

PENALTIES FOR FOOD STAMP FRAUD: If on purpose I do not follow food stamp rules, my food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. I may be fined up to $250,000 and/or sent to jail/prison for 20 years.

- **If I am found guilty in any court of law because:**
  - **I traded or sold food stamps for firearms, ammunition, or explosives, my food stamps can be stopped forever for the first violation.**
  - **I traded or sold food stamps for controlled substances, my food stamps can be stopped for 24 months for the first violation and forever for the second.**
  - **I traded or sold food stamps that were worth $500 or more, my food stamps can be stopped forever.**
  - **I gave the county false identity or residence information, so I can get food stamps in more than one case at the same time, my food stamps can be stopped for 10 years.**

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

9 **I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete for the entire report month.**

WHO MUST SIGN BELOW: **For Cash Aid**: you, your spouse and the other parent (of cash aided children) if living in the home.
For Food Stamps: the head of household, a household member or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE	CONTACT PHONE
☞		( )	( )

SIGNATURE OF SPOUSE OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR OTHER PERSON COMPLETING FORM	DATE SIGNED
☞		☞	